



**NORTH CAROLINA  
ALARM SYSTEMS LICENSING BOARD**

1631 Midtown Place • Suite 104  
Raleigh, North Carolina 27609  
Phone: (919) 875-3611 • Fax: (919) 875-3609  
E-Mail: [PPSASL@ncdoj.gov](mailto:PPSASL@ncdoj.gov)  
Web Page: <http://www.ncdoj.com>



**COMPLAINT FORM**

Your Name \_\_\_\_\_  
First Middle Last

Address \_\_\_\_\_  
Street & Number City State Zip Code

Telephone ( ) \_\_\_\_\_ E-mail Address \_\_\_\_\_

**Complaint Against:**

Name of Licensee \_\_\_\_\_

Company \_\_\_\_\_

Address \_\_\_\_\_  
Street & Number City State Zip Code

Telephone ( ) \_\_\_\_\_

Date(s) of Alleged Violation \_\_\_\_\_

Location of Alleged Violation \_\_\_\_\_

Are there any witnesses? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, list their name(s), address(es) and telephone number(s):

\_\_\_\_\_  
\_\_\_\_\_

Explain the nature of your complaint in detail (you may attach additional sheets):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**IMPORTANT NOTE:** In accordance with the North Carolina Public Records Act [N.C.G.S. 132] this form will be sent to the individual you are complaining about along with any attachments you submit with this complaint.

*"I hereby certify that all statements and allegations set forth in the complaint are true and accurate to the best of my knowledge."*

\_\_\_\_\_  
Signature of Complainant

\_\_\_\_\_  
Date